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TREASURE STATE HEALTH

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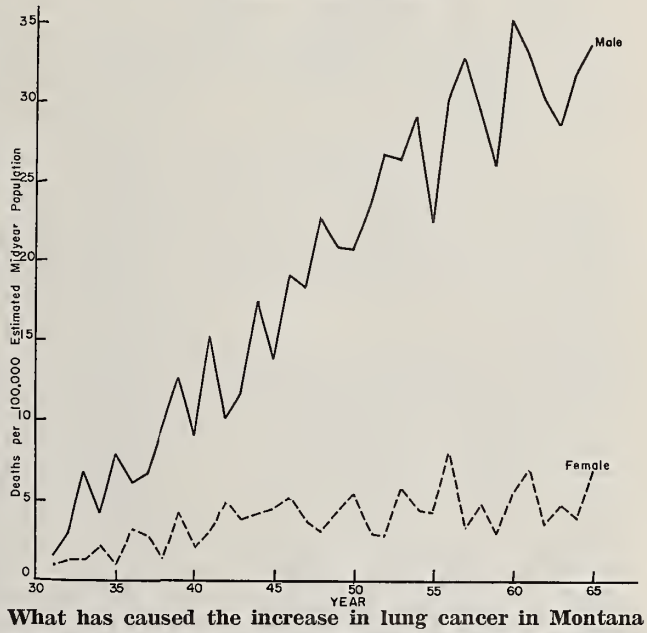
Public Health Legislation Enacted by the 1967 Session

The 1967 legislature adopted several laws of public health significance. Some of them bring passed legislation up-to-date as does **HB 24** which recodifies and revises many of the State Board of Health laws and some of them create new programs to meet current day public health problems.

An example of the need to bring some of the laws up-to-date is illustrated by a quotation from an old law which states "and this equipment for the storage of dead human bodies shall be so constructed that after the bodies are placed in them the containers may be kept closed by means of at least two locks of brass or other metallic substance of paracentric construction and this equipment may be inspected at such times by the state board of health of the state of Montana."

This particular law limited the use of cadavers to Montana institutions of higher learning. It was not being used, because there were no Montana institutions teaching anatomy by dissection of cadavers. A literal interpretation of such a law would have the seven momber Board of Health solemnly inspecting cadaver storage to determine whether the two brass locks were of the proper paracentric construction.

LUNG CANCER DEATH RATES BY SEX:
Montana, 1931-1965



What has caused the increase in lung cancer in Montana during the last 30 years? Why does the death rate among males show such a spectacular increase?

H.B. 24—An Act for the Recodification and General Revision of the Legislation of the State Board of Health.

The Board of Health laws were studied by the Montana Legislative Council and recommended changes were made to the legislature. This was accomplished by House Bill 24 which was passed by the legislature and has been signed by the Governor. H.B. 24 reduces public health laws to about 40 percent of their present volume. Without making any fundamental changes in programs administered by the Board of Health, the new laws will facilitate the conduct of the programs and enhance their understanding by the public, for example:

The Department of Health — The new law uses the word "department" to distinguish the administrative agency from the policy making board appointed by the Governor.

Local Boards of Health — The organization of local boards has been changed to facilitate the creation of district boards and makes clearer the relationship between cities and counties when joint boards are established. It makes it possible for one county to contract for all, or part of, health services from another county. It gives local boards rule making authority which had previously been declared unconstitutional for lack of specific legislative guidelines.

State Board of Entomology abolished — This Board was created in 1913 to control Rocky Mountain Spotted Fever. It has been inactive for twenty years. Its authority is duplicated in other agencies such as the Livestock Sanitary Board and the Board of Health.

Long-Term Care Facilities and Hospital Licensing Combined—Two chapters of law have been combined into one so that both long-term care and hospital licensing now have the same statutory basis.

H.B. 8 Clean Air Act. This bill provides for the conservation of the air resources of the State and for the

(Continued on Page 4)

A.P.H.A. WESTERN REGION ANNUAL MEETING 6/19-22

Aerospace and atomic medicine will occupy center stage at scientific seessions of the annual meeting of the Confederation of APHA Affiliated State Public Health Associations, to be held in Albuquerque, New Mexico, June 19-22, 1967.

General session program topics will also feature Indian Health, comprehensive health services and rural personal health services.

All sessions will be held at the Western Skies Motor Hotel in the foothills of the Sandia Mountains. This year will be the first time that the Western Confederation has met in New Mexico.

In addition to the scientific program, the annual meeting will include a variety of entertainment. Tours will be available to such points of interest as Albuquerque "old town" and Sandia Crest (9,500 feet). Arrangements for family activities will be planned.

Factors Influencing People To Seek Health Cures From "Quacks" Studied

Voluntary and professional health associations and governmental agencies are planning a nationwide study of the factors that induce people to fall for fakes and swindlers in the health field. The study, announced in the December 1966 issue of "Public Health Reports", will seek to determine the influence of such factors as family and educational background, folk medicine customs, and health experiences on consumer attitudes toward health products and services, and information.

The study will examine the extent to which these factors make some persons prone to accept false and misleading promotions for health products and services or make them resistant to sound medical and health information.

The Federal Food and Drug Administration reports "that at least $1 billion a year is spent on falsely represented vitamin products and so-called health foods. Chronic disease sufferers provide a rich market for quack treatment and products.

"Worse than financial loss is the danger that reliance on some ineffective product will cause delay in getting proper medical treatment. This can have serious consequences. Most people who are tricked by quackery are making their own diagnosis. In other words, they have decided what their ailment is and do their own prescribing."

In the nation-wide study covering an 18-month period, more than 3,000 persons will be interviewed. With the information gained from the study it is hoped that it will be possible to devise more effective educational and other programs to protect the public against health frauds and quackery.

Coming Events . . . .

April 5-7—Montana Public Health Association, Havre.

April 19-21—Course on Food Instruction Techniques for Sanitarians, Helena.

April 20-22—Montana Tuberculosis Association, Lewistown.

June 6-8—Regional Rehabilitation Association Conference, Billings.

June 19-20 — Western Region, A.P.H.A., Albuquerque.

MEET THE STAFF

This is the fifth in a series of articles about the personnel having major administrative responsibilities in carrying out the Board's public health programs.

C. W. Brinck, director of the division of environmental sanitation, began employment on the State Board of Health staff in 1936 as an assistant sanitary engineer. Except for the time he served in the U .S. Army as a Sanitary Engineer, from March 1943 to December 1945 and from January 1950 to May 1951, when he was employed by the U.S. Public Health Service, he has been in continuous employment on the Board's staff. On his return to SBH employment in 1951, he was named director of this division.

Mr. Brinck earned his bachelor of science degree at Montana State College and his M.S. degree at Harvard University. He is a registered professional engineer, and a diplomate of the American Academy of Sanitary Eengineers, and is a Sanitary Engineer director of the U.S. Public Health Service Reserve. He has served as the chairman of many committees and councils, some of them on the national level. He is the recipient of the Bedell Award given by the Water Pollution Control Federation and the Fuller Award given by the American Water Works Association. He serves as secretary of the Montana Stream Pollution Council and the State Board of Plumbing Examiners. He is chairman of the State Water Well Drillers Examining Board.

Responsibilities

The responsibilities of the division of environmental sanitation which Mr. Brinck directs are divided into: **Water, Sewage, Stream Pollution, Solid Waste, Schools, Food and Drug Control,** and **General Sanitation.** There are more laws and regulations relating to the work of this division than any other in the State Board of Health. The programs of this division are geared to the prevention of environmental health problems, or should problems occur, an attempt is made to take action before these problems become serious.

The responsibility for the **supervision of municipal water and sewage plant construction and operation** is placed in this division. Before there is any new construction, remodeling or changes in the process, the plans must be approved by this division. All water and sewage plants are inspected at least once each year by members of the staff. All supplies serving municipalities are routinely tested for bacteriological and chemical quality. The 1967 legislature enacted legislation requiring this office to certify to the qualifications of all persons in responsible charge in the water and sewage treatment plants in the state. All subdivisions must have their plans for their water supply and sewage disposal before the subdivision can commence building.

Closely related to the sewage disposal program is the **control of water pollution in Montana streams.** The staff working under policies established by the Montana Water Pollution Council have classified all streams within the State of Montana which has led to the treatment of all wastes from municipal sewer systems within the State. The criteria for the stream classifications are now being studied and will be upgraded within the next few months. Annual schools are held for all water, sewage and swimming pool operators.

All **swimming pool** plans are approved by members of this division and pools are routinely inspected by engineers of the division and local health department representatives.

All plans for the **construction of new school buildings and the remodeling of existing school buildings** are reviewed and approved before construction is begun. Similar services are offered for certain other public buildings.

The **housing program** for the division includes the licensing of **motels, hotels, trailer courts,** and **tourist** campgrounds. The 1967 legislature updated the laws involving motels and hotels. This will make for uniform and better control of sanitation for these establishments.

The division carries on surveys of housing in selected areas. This includes refuse disposal, garbage, and vector control, together with the condition of housing. Work is done with Job Corps Camps and some inspection of school buildings.

The **solid waste disposal work** car-

(Continued on Page 4)

State's Accidental Drowning Rate Above National Average

John C. Wilson, director of the Board's division of records and statistics has made a study of accidental drownings in Montana which occurred between Jan. 1, 1964 and August 1966. This information was based on death certificates and information obtained by querying the person signing the medical certification section of the death certificate—either the corner or physician. The information was compiled from the returns obtained from this query for 108 out of 133 drowning deaths which occurred during this period.

A summary of this study will be presented in this publication in three parts, the first in this issue, the second in the May issue and the third in the June issue.

Part 1

Montana, even though an inland State, has an accidental drowning rate which is well above the national average. For the five year period 1960-1964, the average annual drowning rate for Montana was 5.7 deaths per 100,000 estimated midyear population. During this same period, the rate for the nation was 3.6. Figure 1 shows the drowning rates for Montana and for the nation from 1955-1965.

Drowning fatality rates are also high for several other mountain states. Among the States of Idaho, Wyoming, Arizona, Nevada, New Mexico, Utah, Colorado, and Montana, only Utah and Colorado have rates which are lower than that for the nation and only Idaho (7.3) has a rate higher than that for Montana (5.7).

Fig. 2 shows the number of persons drowned in Montana from 1955-1965 and it will be noted that the 57 deaths from drowning in 1965 is the highest for any year in this period.

Fig. 3 shows the drowning death by age. The highest relative risk of drowning occurs in children aged 1-4 and decreases with age. In Montana, this high risk group is comprised largely of small children who drown in irrigation ditches or creeks. Five of the seven ditch drownings involved children 1-2 years of age.

(To be Continued in the May Issue)

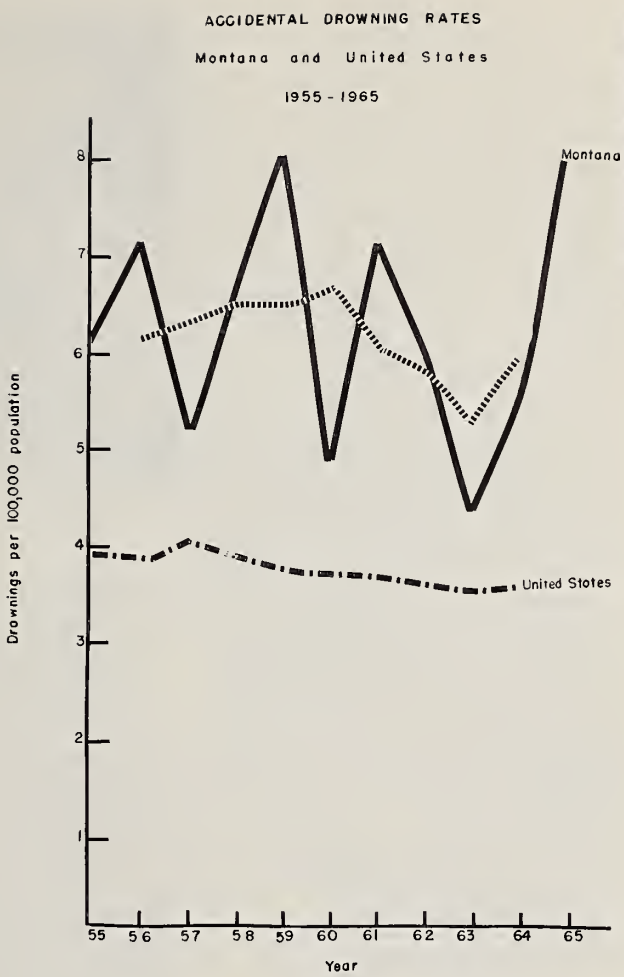


Fig. 1

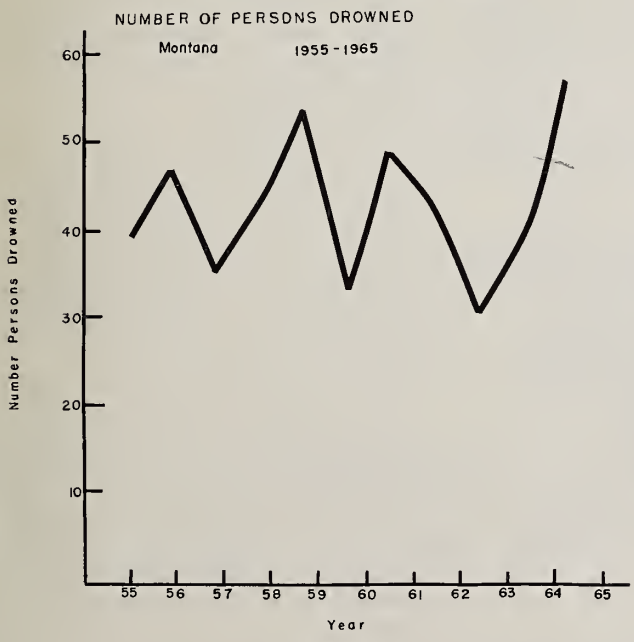


Fig. 2

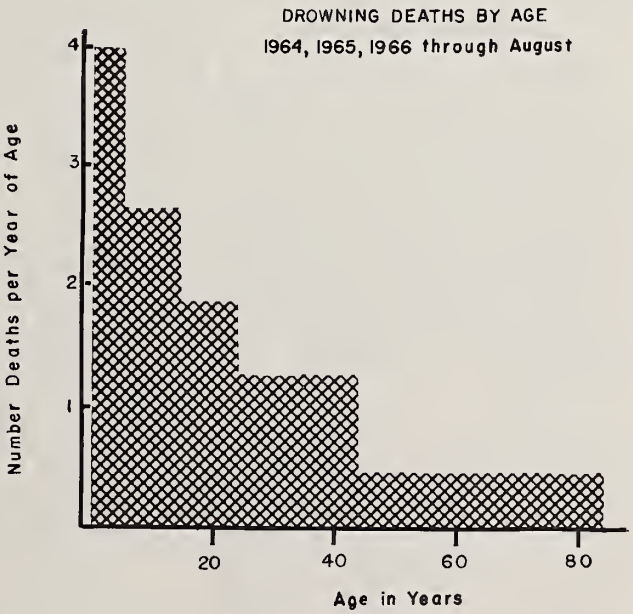


Fig. 3

NEW LEGISLATION
(Continued from Page 1)

prevention, abatement and control of air pollution. Its purpose is to "achieve and maintain such levels of air quality as will protect human health and safety and to the greatest degree practicable prevent injury to plant and animal life and property, foster the comfort and convenience of the people, promote the economic and social development of this state and facilitate the enjoyment of the natural attractions of this state."

The program is to be administered by the State Board of Health and an advisory council is to be appointed by the Governor. This 11-member council may make recommendations to the State Board of Health for its consideration in adopting "standards, rules and regulations relating to the limitation of levels, concentrations or quantities of emissions of various pollutants from any source as necessary to prevent, abate or control air pollution." The Council may also make recommendations to the State Board of Health concerning the administration of this act.

This is the first legislation providing for air pollution control that has been enacted in Montana.

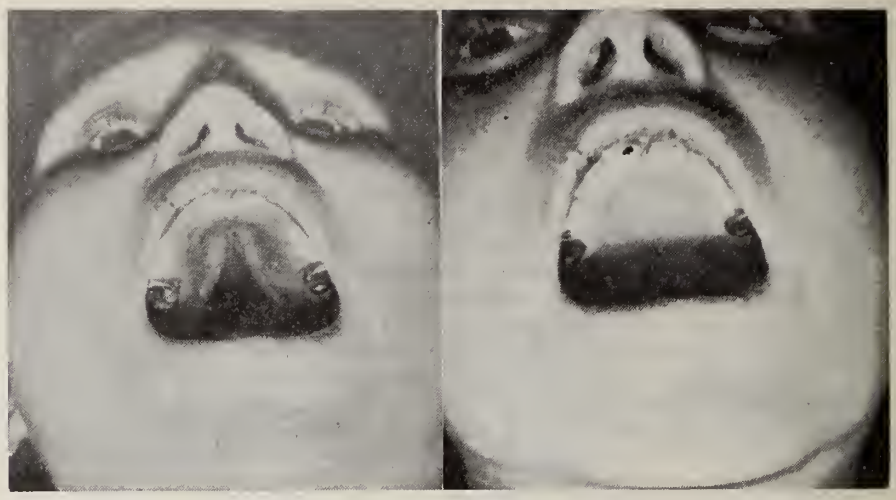
MEET THE STAFF
(Continued from Page 2)

ried out by the Division includes inspection, review and approval of plans for the method of garbage disposal, after which the local department of health having jurisdiction is authorized to issue annual permits for the operation of the disposal area.

Legislation has recently been passed to up-date Montana's **food and drug** legislation, bringing it in line with the Federal Food, Drug and Cosmetic Act. It is intended to prevent the illegal sale of drugs, misbranding and adulteration of foods and drugs, the sanitation of food and drug manufacturing establishments and the control of food poisoning by instruction and guidance of food plant operators and investigating any outbreaks that might occur.

In the **food sanitation** program, sanitation control is carried out through a licensure program with the assistance of local sanitarians. In counties where there are no sanitarians some inspections are done by the local health officers or the State staff.

Montana has adopted the Uniform Labeling Act for **insecticides, fungicides,** and **herbicides.**



(L) A Cleft Palate Before Repair and (R) The Same Cleft Closed by a Prosthetic Device.

For More Than A Decade . . .

Team Care Has Been Provided For Children With Clefts . . .

Since the organization of the Cleft Palate Program 11 years ago, 88.7% of the children born in Montana with Cleft Lips or Cleft Palates have been enrolled in the Board's program. Because the rehabilitation of children with clefts may involve surgical, dental, speech, emotional and financial problems, the program provides comprehensive team care.

Through last June 30th, 559 children have received some care. Of these there are 312 which are still active cases, 10 are under private care, 17 are over 21 years of age (this is the age limit for eligibility under the Crippled Children's Program), 9 are in mental institutions, 23 have died and 15 are uninterested in further care, 102 have moved out of the State and 8 cannot be located, 63 have received maximum corrections. Many of the children who moved out of the State had nearly reached maximum correction and many of the active cases are nearly completed but final treatment must await growth. Most of the over-age and those uninterested in further care are older children who came into the program late.

There are three Cleft Palate Teams in the programs sponsored by the program, which are located at Billings, Great Falls, and Helena. The teams are composed of a surgeon, pediatrician, prosthodontist, orthodontist, speech therapist, coordinator, medical social consultant, public health nurse, and on some teams, there is an audiologist, pedodontist and psychologist.

Montana's program continues to illustrate the success of the "team concept" of care. The comprehensive services given the children are enabling them to face life with good surgical repair, good speech and without vocational or emotional handicaps caused by being born with either cleft lips, cleft palates or both.

Planning for the care of the children is available in the Board's program for every child without cost. If families can pay for recommended procedures they are expected to do so; if not, financial assistance is available. Most average families find the long-range comprehensive care required is often beyond their financial ability.

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